



# Illinois Department of Transportation

Please complete information  
and fax to: 217/782-3572  
or Email to: [Permitoffice@dot.il.gov](mailto:Permitoffice@dot.il.gov)  
Order Online: [www.illinoistruckpermits.com](http://www.illinoistruckpermits.com)

**Superloads Only**  
To Be Used for  
Faxed Applications

(Type or use Black Ink)

## APPLICATIONS WILL NOT BE PROCESSED WITH INCOMPLETE INFORMATION.

1. ☐ Visa ☐ MasterCard Billing Zip Code \_\_\_\_\_  
Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name as it Appears on CC \_\_\_\_\_  
OR Account No. \_\_\_\_\_  
2. Permittee \_\_\_\_\_

### For Office Use Only

Permit No. \_\_\_\_\_  
Amount \$ \_\_\_\_\_

3. Attention or Work Order (Optional)		4. USDOT Number (Optional)		5. Type of Permit <input type="checkbox"/> Single Trip <input type="checkbox"/> Round Trip	
6. IDT Class (if registered)	7. License No.	State	7A. Method of Movement <input type="checkbox"/> Loaded <input type="checkbox"/> Towed <input type="checkbox"/> Own Power		
8. Manufacturer / Model Number / Object being moved / Serial Number					
9. Mobile Home / Modular Section / Mobile Office Serial No.		10. Total No. of Axles		11. Total Weight	
12. Axle Weights from Steer to Rearmost Axle					
13. Axle Spacings from Center to Center, Front to Rear					
14. Width					
15. Overall Length		16. Height		17. Origin of Load. (a State line or Town, City, etc. within Illinois)	
18. Specific Junction if Not a State Line					
19. Routes Only:					
20. Specific Junction if Not a State Line					
21. Destination of Load (a State Line or Town, City, Etc. within Illinois)				Fax Number	
Effective Date of Movement		Number to Call if Problems		Person Submitting Application	

## REVISIONS OR EXTENSIONS ONLY

### Revision:

Contact Name \_\_\_\_\_ Phone Number ( ) - \_\_\_\_\_  
Permit Number \_\_\_\_\_ Account \_\_\_\_\_ Company \_\_\_\_\_  
Please Revise to Read \_\_\_\_\_

Fax Number if Different than Original \_\_\_\_\_

**Extension:** Account \_\_\_\_\_ Company \_\_\_\_\_

Please Extend Permit Number \_\_\_\_\_ New Effective Date \_\_\_\_\_

Fax Number if different than Original \_\_\_\_\_

Due to work load, inquiries about Superloads should not be made unless four hours have elapsed.

**Call 217/782-6271 for information or to inquire about a submitted application.**